

Performance Outcomes & Quality Improvement (POQI)

Data Dictionary

for the

Youth Services Survey for Families (YSS-F)

***As of the May 2007 Data Collection Period:
New data elements are highlighted in grey.
Some previous data elements have been reordered.
As a result, column positioning has changed.***

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For more information visit the DMH Performance Outcomes and Quality Improvement (POQI) Web Page at:

<http://www.dmh.ca.gov/poqi/>

Youth Services Survey for Families

YSSF.txt

Field Name	Type	Column Position		Width	Description	Format/Coding
		Start	End			
ADMINISTRATIVE DATA						
COUNTYID	text	1	2	2	County identifier (i.e., county code) <i>county/city submitting record</i>	01 - 66 See Appendix A for codes. Prefilled on DMH TELEform forms
CCN	text	3	11	9	County client number (<i>CSI equivalent</i>)	9 character field Right justify, use left leading zeros See Appendix B for examples
FORMTYPE	text	12	12	1	Age specific form	P = Parent Prefilled on DMH TELEform forms
FORMLANG	text	13	14	2	Language of instrument	See Appendix C for codes Prefilled on DMH TELEform forms
REASON	text	15	15	1	If the instrument is not completed, the PRIMARY reason must be indicated.	1 = Refused (consumer refused to complete) 2 = Impairment (e.g., cognitive) 3 = Language (i.e., form not available in consumer's preferred language) 4 = Other
SRVYDATE	text	16	23	8	Date of survey administration NOTE: This field is returned to counties in the format: <i>yyyymmdd</i>	mmddyyyy (<i>leading zeros; no placeholders</i>) See Appendix B for examples.
*COUNTY1	text	24	25	2	County Question #1	* This item is not required by DMH. If used, data will be collected and returned to counties for their use.
*COUNTY2	text	26	27	2	County Question #2	* This item is not required by DMH. If used, data will be collected and returned to counties for their use.
*COUNTY3	text	28	29	2	County Question #3	* This item is not required by DMH. If used, data will be collected and returned to counties for their use.
REPTUNIT	text	30	37	8	Reporting Unit	* This item is not required by DMH. If used, data will be collected and returned to counties for their use.

Field Name	Type	Column Position	Width	Description		Format/Coding
CONSUMER PERCEPTION SURVEY						
Youth Services Survey for Families (YSS-F) Questions						
SATSVCS	numeric	38	38	1	YSS-F_01. Overall, I am satisfied with the services my child received.	1 = Strongly Disagree 2 = Disagree 3 = I am Neutral 4 = Agree 5 = Strongly Agree 8 = Not Applicable 9 = Missing
CHOOSVCS	numeric	39	39	1	YSS-F_02. I helped to choose my child's services.	1 = Strongly Disagree 2 = Disagree 3 = I am Neutral 4 = Agree 5 = Strongly Agree 8 = Not Applicable 9 = Missing
CHOOSTX	numeric	40	40	1	YSS-F_03. I helped to choose my child's treatment goals.	1 = Strongly Disagree 2 = Disagree 3 = I am Neutral 4 = Agree 5 = Strongly Agree 8 = Not Applicable 9 = Missing
NOMATTER	numeric	41	41	1	YSS-F_04. The people helping my child stuck with us no matter what.	1 = Strongly Disagree 2 = Disagree 3 = I am Neutral 4 = Agree 5 = Strongly Agree 8 = Not Applicable 9 = Missing
TRBLTALK	numeric	42	42	1	YSS-F_05. I felt my child had someone to talk to when he/she was troubled.	1 = Strongly Disagree 2 = Disagree 3 = I am Neutral 4 = Agree 5 = Strongly Agree 8 = Not Applicable 9 = Missing

POQI YSS-F Data Dictionary

Field Name	Type	Column Position		Width	Description	Format/Coding
PARTICTX	numeric	43	43	1	YSS-F_06. I participated in my child's treatment.	1 = Strongly Disagree 2 = Disagree 3 = I am Neutral 4 = Agree 5 = Strongly Agree 8 = Not Applicable 9 = Missing
RIGHTSVC	numeric	44	44	1	YSS-F_07. The services my child and/or family received were right for us.	1 = Strongly Disagree 2 = Disagree 3 = I am Neutral 4 = Agree 5 = Strongly Agree 8 = Not Applicable 9 = Missing
LOCATION	numeric	45	45	1	YSS-F_08. The location of services was convenient for us.	1 = Strongly Disagree 2 = Disagree 3 = I am Neutral 4 = Agree 5 = Strongly Agree 8 = Not Applicable 9 = Missing
TIMEGOOD	numeric	46	46	1	YSS-F_09. Services were available at times that were convenient for us.	1 = Strongly Disagree 2 = Disagree 3 = I am Neutral 4 = Agree 5 = Strongly Agree 8 = Not Applicable 9 = Missing
HELPWANT	numeric	47	47	1	YSS-F_10. My family got the help we wanted for my child.	1 = Strongly Disagree 2 = Disagree 3 = I am Neutral 4 = Agree 5 = Strongly Agree 8 = Not Applicable 9 = Missing
HELPNEED	numeric	48	48	1	YSS-F_11. My family got as much help as we needed for my child.	1 = Strongly Disagree 2 = Disagree 3 = I am Neutral 4 = Agree 5 = Strongly Agree 8 = Not Applicable 9 = Missing

POQI YSS-F Data Dictionary

Field Name	Type	Column Position		Width	Description	Format/Coding
RESPECT	numeric	49	49	1	YSS -F_12. Staff treated me with respect.	1 = Strongly Disagree 2 = Disagree 3 = I am Neutral 4 = Agree 5 = Strongly Agree 8 = Not Applicable 9 = Missing
RELIGION	numeric	50	50	1	YSS -F_13. Staff respected my family's religious / spiritual beliefs.	1 = Strongly Disagree 2 = Disagree 3 = I am Neutral 4 = Agree 5 = Strongly Agree 8 = Not Applicable 9 = Missing
UNDERSTD	numeric	51	51	1	YSS-F_14. Staff spoke with me in a way that I understood.	1 = Strongly Disagree 2 = Disagree 3 = I am Neutral 4 = Agree 5 = Strongly Agree 8 = Not Applicable 9 = Missing
CULTURE	numeric	52	52	1	YSS -F_15. Staff were sensitive to my cultural / ethnic background.	1 = Strongly Disagree 2 = Disagree 3 = I am Neutral 4 = Agree 5 = Strongly Agree 8 = Not Applicable 9 = Missing
DAILYLIF	numeric	53	53	1	YSS-F_16. As a result of the services my child and/or family received, my child is better at handling daily life.	1 = Strongly Disagree 2 = Disagree 3 = I am Neutral 4 = Agree 5 = Strongly Agree 8 = Not Applicable 9 = Missing
BETTRFAM	numeric	54	54	1	YSS-F_17. As a result of the services my child and/or family received, my child gets along better with family members.	1 = Strongly Disagree 2 = Disagree 3 = I am Neutral 4 = Agree 5 = Strongly Agree 8 = Not Applicable 9 = Missing

POQI YSS-F Data Dictionary

Field Name	Type	Column Position		Width	Description	Format/Coding
BETTRFRN	numeric	55	55	1	YSS-F_18. As a result of the services my child and/or family received, my child gets along better with friends and other people.	1 = Strongly Disagree 2 = Disagree 3 = I am Neutral 4 = Agree 5 = Strongly Agree 8 = Not Applicable 9 = Missing
BETTRSCH	numeric	56	56	1	YSS-F_19. As a result of the services my child and/or family received, my child is doing better in school and / or work.	1 = Strongly Disagree 2 = Disagree 3 = I am Neutral 4 = Agree 5 = Strongly Agree 8 = Not Applicable 9 = Missing
COPE	numeric	57	57	1	YSS-F_20. As a result of the services my child and/or family received, my child is better able to cope when things go wrong.	1 = Strongly Disagree 2 = Disagree 3 = I am Neutral 4 = Agree 5 = Strongly Agree 8 = Not Applicable 9 = Missing
SATFAMILY	numeric	58	58	1	YSS-F_21. As a result of the services my child and/or family received, I am satisfied with our family life right now.	1 = Strongly Disagree 2 = Disagree 3 = I am Neutral 4 = Agree 5 = Strongly Agree 8 = Not Applicable 9 = Missing
DOWANTS	numeric	59	59	1	YSS-F_22. As a result of the services my child and/or family received, my child is better able to do things he or she wants to do.	1 = Strongly Disagree 2 = Disagree 3 = I am Neutral 4 = Agree 5 = Strongly Agree 8 = Not Applicable 9 = Missing
LISTEN	numeric	60	60	1	YSS-F_23. As a result of the services my child and/or family received, I know people who will listen and understand me when I need to talk.	1 = Strongly Disagree 2 = Disagree 3 = I am Neutral 4 = Agree 5 = Strongly Agree 8 = Not Applicable 9 = Missing

Field Name	Type	Column Position		Width	Description	Format/Coding
COMFTALK	numeric	61	61	1	YSS-F_24. As a result of the services my child and/or family received, I have people that I am comfortable talking with about my child's problem(s).	1 = Strongly Disagree 2 = Disagree 3 = I am Neutral 4 = Agree 5 = Strongly Agree 8 = Not Applicable 9 = Missing
SUPPORT	numeric	62	62	1	YSS-F_25. As a result of the services my child and/or family received, in a crisis, I would have the support I need from family or friends.	1 = Strongly Disagree 2 = Disagree 3 = I am Neutral 4 = Agree 5 = Strongly Agree 8 = Not Applicable 9 = Missing
DOTHINGS	numeric	63	63	1	YSS-F_26. As a result of the services my child and/or family received, I have people with whom I can do enjoyable things.	1 = Strongly Disagree 2 = Disagree 3 = I am Neutral 4 = Agree 5 = Strongly Agree 8 = Not Applicable 9 = Missing
*COMMENTS	*	*	*	*	YSS-F_27. What has been the most helpful thing about the services you and your child received over the last 6 months?	* This item is not reported to DMH and is for county use only
*COMMENTS	*	*	*	*	YSS-F_28. What would improve the services here?	* This item is not reported to DMH and is for county use only
*COMMENTS	*	*	*	*	YSS-F_29. Please provide comments here and /or on the back of this form, if needed. We are interested in both positive and negative feedback.	* This item is not reported to DMH and is for county use only
CONSUMER BACKGROUND						
LIVENOW	text	64	64	1	1. Is your child currently living with you?	0 = No 1 = Yes 9 = Missing
PARENT	text	65	65	1	2. Has your child lived in any of the following places in the last 6 months? (Mark all that apply.): With one or both parents	0 = No (bubble not filled in) 1 = Yes (bubble filled in)

Field Name	Type	Column Position		Width	Description	Format/Coding
FAMLYMEM	text	66	66	1	2. Has your child lived in any of the following places in the last 6 months? (Mark all that apply.): With another family member	0 = No (bubble not filled in) 1 = Yes (bubble filled in)
FOSTERHM	text	67	67	1	2. Has your child lived in any of the following places in the last 6 months? (Mark all that apply.): Foster home	0 = No (bubble not filled in) 1 = Yes (bubble filled in)
THERAPEUTIC	text	68	68	1	2. Has your child lived in any of the following places in the last 6 months? (Mark all that apply.): Therapeutic foster home	0 = No (bubble not filled in) 1 = Yes (bubble filled in)
SHELTER	text	69	69	1	2. Has your child lived in any of the following places in the last 6 months? (Mark all that apply.): Crisis shelter	0 = No (bubble not filled in) 1 = Yes (bubble filled in)
HOMESHELT	text	70	70	1	2. Has your child lived in any of the following places in the last 6 months? (Mark all that apply.): Homeless shelter	0 = No (bubble not filled in) 1 = Yes (bubble filled in)
GROUPHM	text	71	71	1	2. Has your child lived in any of the following places in the last 6 months? (Mark all that apply.): Group home	0 = No (bubble not filled in) 1 = Yes (bubble filled in)
RESIDENTX	text	72	72	1	2. Has your child lived in any of the following places in the last 6 months? (Mark all that apply.): Residential treatment center	0 = No (bubble not filled in) 1 = Yes (bubble filled in)
HOSPITAL	text	73	73	1	2. Has your child lived in any of the following places in the last 6 months? (Mark all that apply.): Hospital	0 = No (bubble not filled in) 1 = Yes (bubble filled in)
JAIL	text	74	74	1	2. Has your child lived in any of the following places in the last 6 months? (Mark all that apply.): Local jail or detention facility	0 = No (bubble not filled in) 1 = Yes (bubble filled in)
CORRECTIONS	text	75	75	1	2. Has your child lived in any of the following places in the last 6 months? (Mark all that apply.): State correctional facility	0 = No (bubble not filled in) 1 = Yes (bubble filled in)
HOMELESS	text	76	76	1	2. Has your child lived in any of the following places in the last 6 months? (Mark all that apply.): Runaway / homeless / on the streets	0 = No (bubble not filled in) 1 = Yes (bubble filled in)

Field Name	Type	Column Position		Width	Description	Format/Coding
LIVEOTHER	text	77	77	1	2. Has your child lived in any of the following places in the last 6 months? (Mark all that apply.): Other (describe)	0 = No (bubble not filled in) 1 = Yes (bubble filled in)
* WHERE	*	*	*	*	Follow-up to LIVEOTHER above – Where lived?	* This item is not reported to DMH and is for county use only
DOCTOR	text	78	78	1	3. In the last year, did your child see a medical doctor (or nurse) for a health check-up or because he/she was sick? (Check one.)	1 = Yes, in a clinic or office 2 = Yes, but only in a hospital emergency room 3 = No 4 = Do not remember 9 = Missing
MEDS	text	79	79	1	4. Is your child on medication for emotional / behavioral problems?	0 = No 1 = Yes 9 = Missing
MEDEFFECT	text	80	80	1	4a. If yes, did the doctor or nurse tell you and/or your child what side effects to watch for?	0 = No 1 = Yes 9 = Missing
HOWLONG	text	81	81	1	5. Approximately, how long has your child received services here?	1 = This is my child's first visit here 2 = > 1 visit, but < one month 3 = 1 to 2 months 4 = 3 to 5 months 5 = 6 months to 1 year 6 = More than 1 year 9 = Missing
LES12AREST	text	82	82	1	6. Was your child arrested since beginning to receive mental health services?	0 = No 1 = Yes 9 = Missing
LES12PSTAREST	text	83	83	1	7. Was your child arrested during the 12 months prior to that?	0 = No 1 = Yes 9 = Missing
LES12POLICE	text	84	84	1	8. Since your child began to receive mental health services, have their encounters with the police:	1 = Been reduced (for example, they have not been arrested, hassled by police, taken by police to a shelter or crisis program) 2 = Stayed the same 3 = Increased 8 = Not applicable (they had no police encounters this year or last year) 9 = Missing
LES12EXPSUS	text	85	85	1	9. Was your child expelled or suspended since beginning services?	0 = No 1 = Yes 9 = Missing

Field Name	Type	Column Position		Width	Description	Format/Coding
LES12PSTEXPSUS	text	86	86	1	10. Was your child expelled or suspended during the 12 months prior to that?	0 = No 1 = Yes 9 = Missing
LES12SCHOL	text	87	87	1	11. Since starting to receive services, the number of days my child was in school is:	1 = Greater 2 = About the same 3 = Less 8 = Does not apply (please select why this does not apply) 9 = Missing
LES12SCHOLRES	text	88	88	1	11. Since starting to receive services, the number of days my child was in school is: Please select why this does not apply	1 = Child did not have a problem with attendance before starting services 2 = Child is too young to be in school 3 = Child was expelled from school 4 = Child is home schooled 5 = Child dropped out of school 6 = Other 9 = Missing
* OTHER REASON	*	*	*	*	Follow-up to LES12SCHOLRES above – Other reason?	* This item is not reported to DMH and is for county use only
MOR12AREST	text	89	89	1	12. Was your child arrested during the last 12 months?	0 = No 1 = Yes 9 = Missing
MOR12PSTAREST	text	90	90	1	13. Was your child arrested during the 12 months prior to that?	0 = No 1 = Yes 9 = Missing
MOR12POLICE	text	91	91	1	14. Over the last year, have your child's encounters with the police:	1 = Been reduced (for example, they have not been arrested, hassled by police, taken by police to a shelter or crisis program) 2 = Stayed the same 3 = Increased 8 = Not applicable (they had no police encounters this year or last year) 9 = Missing
MOR12EXPSUS	text	92	92	1	15. Was your child expelled or suspended during the last 12 months?	0 = No 1 = Yes 9 = Missing
MOR12PSTEXPSUS	text	93	93	1	16. Was your child expelled or suspended during the 12 months prior to that?	0 = No 1 = Yes 9 = Missing

Field Name	Type	Column Position		Width	Description	Format/Coding
MOR12SCHOL	text	94	94	1	17. Over the last year, the number of days my child was in school is:	1 = Greater 2 = About the same 3 = Less 8 = Does not apply (please select why this does not apply) 9 = Missing
MOR12SCHOLRES	text	95	95	1	17. Over the last year, the number of days my child was in school is: Please select why this does not apply	1 = Child did not have a problem with attendance before starting services 2 = Child is too young to be in school 3 = Child was expelled from school 4 = Child is home schooled 5 = Child dropped out of school 6 = Other 9 = Missing
* OTHER REASON	*	*	*	*	Follow-up to MOR12SCHOLRES above – Other reason?	* This item is not reported to DMH and is for county use only
GENDER	text	96	96	1	18. What is your child's gender?	F = Female M = Male O = Other 9 = Unknown / Missing
HISPANIC	text	97	97	1	19. Are either of the child's parents of Mexican / Hispanic / Latino origin?	0 = No 1 = Yes 9 = Unknown / Missing
AMERIND	text	98	98	1	20. Is your child's race American Indian / Alaskan Native?	0 = No (bubble not filled in) 1 = Yes (bubble filled in)
ASIAN	text	99	99	1	20. Is your child's race Asian?	0 = No (bubble not filled in) 1 = Yes (bubble filled in)
BLACK	text	100	100	1	20. Is your child's race Black / African American?	0 = No (bubble not filled in) 1 = Yes (bubble filled in)
PACISLND	text	101	101	1	20. Is your child's race Native Hawaiian / Other Pacific Islander?	0 = No (bubble not filled in) 1 = Yes (bubble filled in)
WHITE	text	102	102	1	20. Is your child's race White / Caucasian?	0 = No (bubble not filled in) 1 = Yes (bubble filled in)
OTHERACE	text	103	103	1	20. Is your child's race Other?	0 = No (bubble not filled in) 1 = Yes (bubble filled in)
UNKRACE	text	104	104	1	20. Is your child's race Unknown?	0 = No (bubble not filled in) 1 = Yes (bubble filled in)
DOB	text	105	112	8	21. What is your child's date of birth? NOTE: This field is returned to counties in the format: <i>yyyymmdd</i>	mmddyyyy (<i>leading zeros; no placeholders</i>) See Appendix B for examples.

Field Name	Type	Column Position		Width	Description	Format/Coding
MEDICAID	text	113	113	1	22. Does your child have Medi-Cal (Medicaid) insurance?	0 = No 1 = Yes 9 = Missing
LANGPREF	text	114	114	1	23. Were the services your child received provided in the language he / she preferred?	0 = No 1 = Yes 9 = Missing
WRITTEN	text	115	115	1	24. Was written information (e.g., brochures describing available services, your rights as a consumer, and mental health education materials) available to you in the language you prefer?	0 = No 1 = Yes 9 = Missing
NOHELP	text	116	116	1	25. I did not need any help.	0 = I did need help (bubble not filled in) 1 = I did <i>not</i> need any help (bubble filled in)
VOLUNTER	text	117	117	1	25. A mental health advocate / volunteer helped me.	0 = No (bubble not filled in) 1 = Yes (bubble filled in)
OTHCONSM	text	118	118	1	25. Another mental health consumer helped me.	0 = No (bubble not filled in) 1 = Yes (bubble filled in)
FAMEMHLP	text	119	119	1	25. A member of my family helped me.	0 = No (bubble not filled in) 1 = Yes (bubble filled in)
PROFINT	text	120	120	1	25. A professional interviewer helped me.	0 = No (bubble not filled in) 1 = Yes (bubble filled in)
CLINICIN	text	121	121	1	25. My child's clinician / case manager helped me.	0 = No (bubble not filled in) 1 = Yes (bubble filled in)
STAFFMEM	text	122	122	1	25. A staff member other than my child's clinician or case manager helped me.	0 = No (bubble not filled in) 1 = Yes (bubble filled in)
OTHELP	text	123	123	1	25. Someone else helped me.	0 = No (bubble not filled in) 1 = Yes (bubble filled in)
* WHO	*	*	*	*	Follow-up to OTHELP above - Who helped?	* This item is not reported to DMH and is for county use only
SOURCEDATE	text	124	131	8	Indicates the first day of the month for the survey period. Example for May 2007: 05/01/07	mm/dd/yy

Appendix A: County Codes

Code	Name
01	Alameda
02	Alpine
03	Amador
04	Butte
05	Calaveras
06	Colusa
07	Contra Costa
08	Del Norte
09	El Dorado
10	Fresno
11	Glenn
12	Humboldt
13	Imperial
14	Inyo
15	Kern
16	Kings
17	Lake
18	Lassen
19	Los Angeles
20	Madera
21	Marin
22	Mariposa
23	Mendocino
24	Merced
25	Modoc
26	Mono
27	Monterey
28	Napa
29	Nevada
30	Orange

Code	Name
31	Placer
32	Plumas
33	Riverside
34	Sacramento
35	San Benito
36	San Bernardino
37	San Diego
38	San Francisco
39	San Joaquin
40	San Luis Obispo
41	San Mateo
42	Santa Barbara
43	Santa Clara
44	Santa Cruz
45	Shasta
46	Sierra
47	Siskiyou
48	Solano
49	Sonoma
50	Stanislaus
52	Tehama
53	Trinity
54	Tulare
55	Tuolumne
56	Ventura
57	Yolo
63	Sutter/Yuba
65	Berkeley City
66	Tri-City

Appendix B: Explanation of Data File Export Format

Data File Export Format

Counties using their own technology must convert their survey data to a standard export format before they are sent to the State (i.e., ASCII text - fixed width). The data must also be left-justified (i.e., a field value should start at the column position specified in the data dictionary and fill in the column spaces from left to right), with the exception of CCN (County Client Number) which is right-justified with leading zero's added to fill vacant columns in county client numbers with less than 9 characters. Below are a few example records which illustrate what the export format should look like.

	CCN (County Client Number)									DOB (Client Date of Birth)							
Column #	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
Consumer 1	0	0	2	1	2	3	4	5	6	0	6	0	9	1	9	5	5
Consumer 2	9	8	7	6	5	4	3	2	1	1	1	1	7	1	9	6	0
Consumer 3	0	Y	7	6	5	4	3	2	1	0	0	0	0	1	9	5	5

CCN

Consumer 1 and *Consumer 3* have county client numbers which are seven and eight characters wide instead of the nine characters allocated in the Data Dictionary (county client number widths vary across counties). Notice that the field values are right-justified with leading zero's added to fill vacant columns in CCN's with less than 9 characters.

DOB

Notice for *Consumer 1* and *Consumer 3* the date values in the Date of Birth columns (positions 10-17) are in the MMDDYYYY format, have leading zeros, and do *not* include placeholders. For example, for *Consumer 1* notice that columns numbered 10 and 11 (which indicate month) and columns numbered 12 and 13 (which indicate day) each have a leading zero. *Consumer 3* has an estimated year of birth and zeros for month and day of birth. This conforms to the CSI requirements regarding missing date of birth information.

When the complete date of birth is unknown, as much of the date as is known shall be reported. If nothing is known, estimate and report an approximate year of birth and use zeros for the month and day. If only the age in years is known, calculate the year of birth and use zeros for the month and day. If the year and month of birth are known, but the exact day of birth is not, report the year and month only, and use zeros for the day.

Appendix C: Language Codes

Code	Language	Instrument Availability			
		Youth	Family	Adult	Older Adult
EN	English	√	√	√	√
SP	Spanish	√	√	√	√
VI	Vietnamese				
CH	Chinese	√	√	√	√
RU	Russian	√	√	√	√
CM	Cambodian				
FA	Farsi				
HM	Hmong				
AR	Armenian				
TG	Tagalog	√	√	√	√
KO	Korean	√	√	√	√
MN	Mien				
OT	Other				
99	Missing / Not Reported				

Appendix D: Information Technology Web Services

The following information is for counties intending to collect survey data on their own (not using DMH provided technology options) and intending to upload their data (via internet) to DMH using the Information Technology Web Services (ITWS). The ITWS provides a secure environment for the transfer of confidential data. Counties will need to identify a single contact to upload their data. Counties that are not authorized to use this system will need to obtain authorization. To obtain authorization, please visit the DMH ITWS website at <http://www.dmh.ca.gov> and click on the "ITWS" menu option. At this site, you will find information on the function of the ITWS and how to begin enrollment. If you have any questions regarding the enrollment process for the ITWS, you may call the DMH ITWS Help Desk at (916) 654-3117.

Once the Youth Services Survey for Families text files are formatted according to the data dictionary specifications, the process for submission is as follows:

- All text files MUST be zipped.
- Zipped files do not need to be password encrypted since ITWS is a secure site.
- Zipped files MUST be named according to the following convention: CPODSccYYYYMM#SUBMITTAL.ZIP
 - ◆ CPODS = Child / Youth Performance Outcomes Data System
 - ◆ cc = County code
 - ◆ YYYYMM = Four digit year and two digit month that data were due
 - ◆ # = Submittal sequence number (1 to 9). Each file with a new YYYYMM will have a submittal number of "1." Anytime you have to resubmit this file during the same reporting period (most likely due to errors), the submittal number will increase by 1. The word "SUBMITTAL" must follow this number. For example, a file for the Child / Youth Performance Outcomes Data System due on July 13, 2007 would be named: CPODS992007071SUBMITTAL.ZIP. If there is an error with this file and the file must be resubmitted with corrections, the new file will be named CPODS992007072SUBMITTAL.ZIP. You will notice the submittal number is now "2" since this is the second submission for the July 2007 deadline.

For technical questions related to the ITWS, please call the DMH ITWS Help Desk at (916) 654-3117.